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|  |   |                        |                          |
|--|---|------------------------|--------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |   | Application Number     | 09/549928                |
|  |   | Filing Date            | April 14, 2000           |
|  |   | First Named Inventor   | Thierry Delplanche       |
|  |   | Art Unit               | 1714                     |
|  |   | Examiner Name          | Margaret B. Medley       |
| Total Number of Pages in This Submission   | 1 | Attorney Docket Number | S 99/08 (05129-00058-US) |

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| ENCLOSURES (check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | CONNOLLY BOVE LODGE & HUTZ LLP<br>Ashley I. Pezzner - 35,646 |
| Signature                                  | <i>Ashley I. Pezzner</i>                                     |
| Date                                       | 12/5/03  |



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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 526.00)

| Compl t if Known     |                          |
|----------------------|--------------------------|
| Application Number   | S 99/08 (09/549928)      |
| Filing Date          | April 14, 2000           |
| First Named Inventor | Thierry Delplanche       |
| Examiner Name        | Margaret B. Medley       |
| Art Unit             | 1714                     |
| Attorney Docket No.  | S 99/08 (05129-00058-US) |

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number 03-2775

Deposit Account Name Connolly Bove Lodge & Hutz LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|-----------------|----------|
| Fee Code     | Fee (\$)     | Fee Code        | Fee (\$) |
| 1051         | 130          | 2051            | 65       |
| 1052         | 50           | 2052            | 25       |
| 1053         | 130          | 1053            | 130      |
| 1812         | 2,520        | 1812            | 2,520    |
| 1804         | 920*         | 1804            | 920*     |
| 1805         | 1,840*       | 1805            | 1,840*   |
| 1251         | 110          | 2251            | 55       |
| 1252         | 420          | 2252            | 210      |
| 1253         | 950          | 2253            | 475      |
| 1254         | 1,480        | 2254            | 740      |
| 1255         | 2,010        | 2255            | 1,005    |
| 1401         | 330          | 2401            | 165      |
| 1402         | 330          | 2402            | 165      |
| 1403         | 290          | 2403            | 145      |
| 1451         | 1,510        | 1451            | 1,510    |
| 1452         | 110          | 2452            | 55       |
| 1453         | 1,330        | 2453            | 665      |
| 1501         | 1,330        | 2501            | 665      |
| 1502         | 480          | 2502            | 240      |
| 1503         | 640          | 2503            | 320      |
| 1460         | 130          | 1460            | 130      |
| 1807         | 50           | 1807            | 50       |
| 1806         | 180          | 1806            | 180      |
| 8021         | 40           | 8021            | 40       |
| 1809         | 770          | 2809            | 385      |
| 1810         | 770          | 2810            | 385      |
| 1801         | 770          | 2801            | 385      |
| 1802         | 900          | 1802            | 900      |

**SUBTOTAL (1) (\$ 0.00)**

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       | Extra Claims           | Fee from below | Fee Paid |
|--------------------|------------------------|----------------|----------|
| 4                  | ** = 1 x 86.00 = 86.00 |                |          |
| Multiple Dependent |                        |                |          |

| Large Entity | Small Entity | Fee Description   |
|--------------|--------------|---|
| Fee Code     | Fee (\$)     | Fee Description   |
| 1202         | 18           | 2202 9 Claims in excess of 20                                     |
| 1201         | 86           | 2201 43 Independent claims in excess of 3                         |
| 1203         | 290          | 2203 145 Multiple dependent claim, if not paid                    |
| 1204         | 86           | 2204 43 ** Reissue independent claims over original patent        |
| 1205         | 18           | 2205 9 ** Reissue claims in excess of 20 and over original patent |

**SUBTOTAL (2) (\$ 86.00)**

\*\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 440.00)**

### SUBMITTED BY

(Complete if applicable)

|                   |                   |                                      |        |           |                |
|-------------------|-------------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Ashley I. Pezzner | Registration No.<br>(Attorney/Agent) | 35,646 | Telephone | (302) 658-9141 |
| Signature         | Ashley I. Pezzner |                                      |        | Date      | 12/5/03        |



PTO/SB/92 (05-03)

Approved for use through 07/02/2005, OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 09/549928

Attorney Docket No. 05129-00058-US

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TC 1700

## Certificate of Mailing Under 37 CFR 1.8

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Date

  
Signature

J. Lynn Ferry  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Form;  
Fee Transmittal for FY 2004;  
Petition For Extension Of Time;  
Notice of Appeal;  
Amendment After Final;  
Check in the amount of \$440.00;  
Check in the amount of \$86.00; and  
Return Postcard.